



# State of New Hampshire 2005 NON PROFIT REPORT

REPORT DUE BY December 31, 2005

Filed  
Date Filed: 01/11/2005  
Business ID: 457757  
William M. Gardner  
Secretary of State

CORPORATION OF THE PRESIDENT OF THE CHURCH OF JESUS CHRIST  
50 EAST SOUTH TEMPLE STREET, 2WW  
SALT LAKE CITY , UT 84150

ADDRESS OF PRINCIPAL OFFICE:

50 EAST SOUTH TEMPLE STREET, 2WW  
SALT LAKE CITY , UT 84150

REGISTERED AGENT AND OFFICE: (foreign only)

CORPORATION SERVICE COMPANY  
DBA LAWYERS INCORP. SERVICE, 14 CENTRE STRI  
CONCORD , NH 03301

ENTITY TYPE: NONPROFIT

BUSINESS ID: 457757

STATE OF DOMICILE: UTAH

FEDERAL ID: 000000000

TO HOLD TITLE TO REAL AND PERSONAL PROPERTY USED FOR  
RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSES.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 50 E. NORTH TEMPLE 2WW, SALT LAKE CITY, UT 84150

☒ The new principal office address 50 E. NORTH TEMPLE 2WW, SALT LAKE CITY, UT 84150

PO Box is acceptable.

OFFICERS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES GORDON B. HINCKLEY  
STREET 47 E. SOUTH TEMPLE  
CITY/STATE/ZIP SALT LAKE CITY, UT 84150

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME GORDON B. HINCKLEY  
STREET 47 E. SOUTH TEMPLE  
CITY/STATE/ZIP SALT LAKE CITY, UT 84150

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by president or other officer.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: VON G. KEETCH

Please print name and title of signer: VON G. KEETCH / AUTHORIZED PARTY  
NAME TITLE

FEE DUE: \$25.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529